

THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, NOVEMBER 17, 1883.

**Original.**

**AN ENORMOUS OVARIAN TUMOR.**

BY G. D. NEAL, M. D.

Mrs. Sarah McClelland, aged thirty-three, height five feet four inches, hair light, eyes blue, weighing, when in perfect health, at the age of twenty years, one hundred and fifteen pounds, called to consult me on July 3, 1880, in regard to an enlargement of the abdomen. Upon examination I came to the conclusion that it was ovarian dropsy. Whether the tumor was unilocular or multilocular I was not able to decide, but recommended tapping as a means of temporary relief. On July 6th, in the presence of Dr. R. J. Wilson and Dr. W. H. Ireland, now of Brownstown, I tapped the patient upon the right side, taking away four gallons and five pints of fluid, which weighed forty-seven and one half pounds. By this means there was revealed a nodulated tumor in the left iliac fossa, about the size of a quart cup. This I punctured with the trocar, and a small amount of clear white substance, in appearance like that of the white of an egg, escaped. On September 12th I again tapped her, Dr. W. B. Poynter being present, taking away three and one half gallons of fluid, weighing thirty-five pounds. About this time she received circulars from a Dr. Green, of Georgia, in which the Doctor claimed to cure dropsy, or take no pay, and I saw no more of the patient until February 3, 1882—she had menstruated regularly up to and after this date—when I again tapped her, taking away ten and one half gallons of fluid, weighing one hundred and five pounds. The tumor on the left side had increased considerably in size, but no fluctuation was perceptible. Dr. W. H. Bramach, of Havilandsville, was present on this occasion.

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On September 29, 1882 (in the presence of Dr. C. W. Murphy), I again tapped her, and got ten gallons, weighing one hundred pounds. The tumor on left side was still increasing in size. She was now anxious to have it removed. At this time I wrote to Prof. W. O. Roberts, of Louisville, giving him a short history of the case. I asked him to see the patient with me. He very kindly came out here on the 10th of October. After making a careful examination, he decided that the tumor could not be removed without a fatal result. At this time the tumor measured in length eighteen inches, and breadth twelve inches, with firm adhesions to the abdominal walls. On April 9, 1883, the patient was again tapped, and ten gallons of fluid were obtained, weighing one hundred pounds. The tapping was again resorted to on August 26, 1883, and ten gallons, weighing one hundred pounds, were removed. The body at this time measured around, at the umbilicus, fifty-four inches; six inches above the umbilicus, fifty-four and one half inches; ten inches below the ensiform cartilage fifty-three inches; from ensiform cartilage to umbilicus twenty-four inches; from umbilicus to the pubes sixteen inches; making a distance of forty inches from the ensiform cartilage to the pubes.

On the 14th of October the patient went into convulsions. These continued until the night of the 19th, when she died. From the 15th to the time of her death she passed no urine. A post-mortem was held at 8 o'clock, A. M., on October 20th, Dr. C. W. Murphy assisting. The body was greatly emaciated. The left trochanter major and the crest of the ilium had worn through the skin, the patient having lain on that side for more than a year. The legs were drawn up and the muscles contracted, so that it was with considerable difficulty that they were straightened. In-

deed, the sartorius muscle had to be cut before the right leg could be brought down.

On making an incision through the linea alba, we found firm and extensive adhesions which made it necessary for us to open the sac and empty it of its contents before we could remove the tumor. Four gallons of fluid were removed, weighing forty pounds. On the right side the adhesions were broken up easily, but on left side they were so firm that it required considerable force to tear the tumor loose. The bowels were free and loose, there being no adhesions to them whatever. The bladder was empty, no urine having been secreted for five days prior to death. The tumor, after removal, weighed nineteen pounds. The greatest approximated weight of tumor including the liquid contents would be one hundred and nineteen pounds. The right ovary was affected, and the uterus slightly atrophied. The other organs to all appearances were healthy. The patient was tapped in all six times, the aggregated quantity of fluid being forty-eight gallons and five pints, weighing four hundred and eighty-seven and one half pounds. This, added to four gallons removed post-mortem, would make fifty-two gallons and five pints of fluid secreted, weighing altogether five hundred and twenty-seven and one half pounds.

SALEM, IND.

### NASO-PHARYNGEAL AND AURAL CATARRH.

BY R. MAUPIN FERGUSON, M.D.

*Surgeon to Eye, Ear, and Throat Department, Louisville City Hospital.*

Mrs. E., age, fifty. About six years ago she went to California, and there became affected with naso-pharyngeal catarrh, from which she was still suffering when she came under my notice, August last. More than three years ago she became gradually deaf in the left ear, which deafness has slowly but continuously increased. She states that ever since her deafness began she has been in delicate health, with no well-defined trouble, but a constant feeling of lassitude, loss of energy, forgetfulness and moroseness have united in indicating a departure from her normal condition. On examination I found hearing of left ear very much impaired, a forty-inch watch being heard at only one inch. Right ear, hearing normal. The membrane of the left ear could not be seen on account of an accumulation of epi-

thelial flakes and masses. These were so tenacious that, although a large mass was removed by syringing, it was more than a month before they could be loosened by a bicar. of soda solution, and completely removed by syringing and the forceps. The membrane was then found sunken and somewhat cloudy.

The naso-pharyngeal mucous membrane was treated by a cleansing alkaline solution, followed by an application of silver nit. (gr. v. to 3j) at my office. At home she used a spray of tannin and a snuff composed of equal parts of tannin, borax, and sugar.

Later I used a spray of

Iodine, . . . . .	grs. viij :
Potass. iodid, . . . . .	3ij ;
Glycerine, . . . . .	3j ;
Distilled water, . . . . .	3iij.

Three times a week for several weeks the middle-ear was inflated by means of the Eustachian catheter.

Under this treatment improvement was at first slow but continuous and finally more rapid until at present (October 20) she hears a watch at forty inches, the voice at a corresponding distance, and is almost completely relieved from her catarrh.

For her symptoms of general debility I prescribed tonics, but they were not taken. The general health, however, improved in direct proportion to the improvement in the condition of her ear and nose.

It is a well-known fact that disease in one part of the body is very frequently reflected to other and even distant parts of the system, or may produce derangement of the entire system.

That such should be the case in aural affections need not surprise us in the least when we bear in mind the unusual richness of the ear in nerves and the many communications into which they enter. The nerves of the ear, being close to the bone, are very liable to be subjected to pressure or otherwise interfered with in their functions by swelling of the mucous membrane or by accumulations of mucus, pus, blood, etc.

Reflex phenomena originating in the nerves of the ear are by no means rare, and may give rise to various troubles. The cough due to the presence of a foreign body is a well-known instance of such reflex action. At Dr. Urbantschilsk's aural clinic in Vienna I saw a patient who could not be examined with the aural speculum on account of violent coughing which invariably followed its introduction.

The general health is very frequently in-

fluenced deleteriously by chronic aural affections. Von Trötsch states that such affections of the middle-ear by no means rarely produce mental depression, change of character, slowness of perception, and forgetfulness. Just such symptoms it has been my lot to observe very frequently, and it has been to me a great surprise to see in a number of cases the wonderful benefit to the general health produced by local treatment alone. In such cases I am in the habit of combining with the local treatment the use of corroborants. At the immense clinics in Vienna, London, and Paris, I, however, had frequent opportunity to observe the effect of local treatment alone, and in some cases the effect upon the mind and body was remarkable. In the case reported, owing to neglect of patient, no tonics were taken, and as, according to her positive statement, her health had been poor ever since her ear became affected, and now that her hearing has been restored she has regained her vigor and health, there can be no reasonable doubt that the improvement was due solely to the treatment of the local affection.

This case has been reported, not because there is anything whatever uncommon in its history, but rather because it is a typical case of a condition with which every practitioner should be acquainted on account of its frequent occurrence, its ready amenability to proper treatment and its steady progress toward deafness when neglected.

The simple and timely use of the Eustachian catheter, or inflation of the middle-ear by Politzer's method, combined with proper treatment of the naso-pharyngeal space would in many such cases preserve that inestimable boon, good hearing.

LOUISVILLE.

### IODIDE OF POTASSIUM IN THE TREATMENT OF TYPHOID FEVER.

BY R. N. BARBOUR, M. D.

Since December, 1881, I have treated twenty-six cases of this disease with the most favorable results, and attribute the success mainly to the iodide of potassium. After a practice of forty-eight years, I was, until the date alluded to, like many others, undecided as to the best mode of treatment. In conversation, some years since, with an old friend and practitioner, of Louisiana, he informed me that in his State he had observed many cases of continued fever which were not amenable to quinine, but

in which iodide of potassium had proved a most efficient remedy. I inquired of him if the fever was not typhoid. He said it was not so regarded by the profession, but *malarial*. In the twenty-six cases previously alluded to, I had no doubt as to diagnosis, the great majority of them being typical in character. Knowing the iodide of potassium to be alterative and a promoter of the secretions, I determined to test its effect in relieving the congestion and inflammation of the ilium characteristic of typhoid.

*Treatment:* When the diarrhea was not well marked, I gave castor-oil and glycerine,  $\text{āā } \text{ʒiv}$ , to relieve the bowels of all ingesta and irritative secretions; after this  $\text{v gr.}$  of potassium iodide were given every four hours, largely diluted with water. Between the doses of the potassium, four drops of the oil of turpentine in mucilage were also given. When diarrhea was persistent, five drops tincture of opium were added to each dose of the turpentine until the diarrhea was checked. The bowels were rubbed three times a day with equal parts of olive oil and turpentine, and a flaxseed poultice was kept on the abdomen as long as tenderness remained. The extremities and body, when dry and hot, were sponged frequently. I required the bowels to be moved every thirty hours, to prevent the accumulation of acrid secretions. The diet was strictly fluid, and in small quantities at a time. Buttermilk was substituted for water, if the patient preferred it. This has generally agreed well with the stomach, and has produced no diarrhea. On the sixth or seventh day of treatment the skin becomes gently moist, and on the following day the temperature begins to decline, and to continue to do so. The temperature is normal on the twelfth day of treatment. The tongue continues moist throughout the continuance of the disease.

I claim that this treatment arrests the congestion and inflammation in the first stage of the fever, being the ulcerative stage prevented.

There has been no relapse in any of the above cases, and no other remedies but the potassium and turpentine were used, neither quinine nor stimulants being given.

LOUISVILLE, KY.

IN London, during last week, two hundred and five deaths occurred from preventable diseases, and forty-seven from more or less preventable accidents.

### Miscellany.

**READERS, OBSERVE.**—We copy these timely remarks from the *Weekly Drug News* and *American Pharmacist*, and we urge our readers conscientiously to consider them: "As the end of the year approaches, subscribers who are in arrears are reminded that the prompt payment of their bills will greatly facilitate the settlement of our annual accounts. The amount due in each individual case is trifling, but unless renewals are promptly made the aggregate sum in arrears on our books becomes so considerable as to be burdensome."

**THE SEVENTH SENSE.**—Sir William Thomson, the eminent professor of mathematics in the University of Glasgow, in his inaugural address, delivered last week, as President of the Midland Institute, at Birmingham, broached the idea of the existence of a magnetic sense. This sense is called the seventh sense, to distinguish it from our other six senses—namely, those of sight, hearing, taste, smell, heat, and force. He said that, in speaking of a possible magnetic sense, he in no way supported that wretched groveling superstition of animal magnetism, spiritualism, mesmerism or clairvoyance, of which they had heard so much. There was no seventh sense of a mystic kind. Clairvoyance, and so on, was the result of bad observation chiefly, somewhat mixed up with the effects of willful imposture, acting on an innocent and trusting mind. If there were not a distinct magnetic sense, it was a very great wonder that there was not. The study of magnetism was a very recondite subject. One very wonderful discovery that was made in electric magnetism was made by Faraday, and worked out very admirably by Foucauld, an excellent French experimenter, showing that a piece of copper, or a piece of silver, let fall between the poles of a magnet, would fall down slowly, as if through mud. Was it conceivable that, if a piece of copper could scarcely move through the air between the poles of an electric magnet, a human being or living creature, in the same position, would experience no effect? Lord Lindsay got an enormous magnet, so large that the head of any person wishing to try the experiment could get well between the poles; and the result of the experiment was marvelous, the marvel being that nothing was perceived. Sir Wm. Thomson, however, was not willing

to admit that the investigation was complete. He could not but think that the quality of matter in the air, which produced such a prodigious effect on a piece of metal, could be absolutely without any perceptible effect whatever on a living body. He thought the experiment was worth repeating; and it was worth examining whether or not an exceedingly powerful magnetic force was without perceptible effect on the living vegetable or animal body. His own speculations had led him to conclude that there might be a seventh or magnetic sense; and that it was possible an exceedingly powerful magnetic effect might be produced on living bodies that could not be explained by heat, force, or any other sensation.—*British Med. Jour.*

**DARWINISM AND CALVINISM.**—Mr. G. F. Wright, in his *Studies in Science and Religion*, draws a parallel between Darwinism and Calvinism, showing how both insist on the reign of law, how, in both, individual ends are sacrificed to general ends, and how both tend to fatalism. Science says that its view is, that there are two modes of viewing nature, which may be called the religious and the scientific. According to the one, God in nature operates nature, but according to regular laws which we call the laws of nature; according to the other, nature, for all practical purposes, may be regarded as operating itself. Both of these views are, we believe, legitimate. When we deal with nature, we practically must hold the latter; when we retire to the inner sanctuary of philosophic thought or religious emotion, we must hold the former. The one is the necessary work-clothes of our outdoor life, which we must put off when we return home to enjoy our inner life. For finite man this apparent inconsistency, this daily change of clothing, is the truest wisdom. But those who will be logically consistent in detail, even at the expense of one half of all philosophy, run, on the one hand, into extreme Calvinism, or, on the other, into universal automatism, the one a spiritualistic, the other a materialistic fatalism.—*Popular Science News.*

**THE ILL-DOINGS OF FLIES.**—Dr. B. Grassi, of Rovellasca, reports, in a recent number of the *Gazetta de gli Ospitali*, some investigations he has been making on the above subject. He has convinced himself that the common house-fly is a dreadful enemy of the human race as of all living things in general. Wherever any infectious pro-



duct is present, for instance, the sputa of phthisical patients, or dejecta from the intestinal tract, swarms of flies are to be seen, which soil themselves with the offensive material, and then crawl about over our food. The writer placed a plate containing a large mass of the ova of a human parasite (*Trichocephalus*) upon a table in his laboratory, which was situated at the distance of about thirty feet from the kitchen. Sheets of white paper were placed in various parts of the kitchen, and in the course of a few hours the dejecta of flies were observable on the paper. Upon examination of these with the microscope, they were found to contain some of the ova of the parasite. Dr. Grassi then killed some of the flies, and found an enormous mass of feces containing more of the ova. On another occasion he minced some segments of tape-worm that had been preserved in spirit, and put them into water, so that a mass of ova were suspended in it. In half an hour he succeeded in finding the ova of the parasite in the abdominal contents of the flies, and also in the spontaneously deposited dejecta. In like manner it could be proved that flies that had alighted on moldy cream harbored the spores of *oidium lactis*. It is useless to comfort one's self with the thought that these germs die in the intestines of the flies. Even if the intestinal juice does act upon them, and it is not proved that it does in the case of bacteria, some would almost certainly escape destruction. In any case, moreover, the legs and proboscis would still serve as carriers of the infection. He proposes that attempts shall be made to introduce the same disease among them in the spring time that already causes such devastation in the autumn.

**SAUSAGE POISON.**—In certain parts of Germany great mortality has resulted from eating sausage. (Weekly Medical Review.) Schlossberger, who gave the subject most careful study, estimated that, in fifty years, there were in Wurtemberg alone four hundred cases and one hundred and fifty deaths from sausage poisoning. The suspicion which at once arises that these were unrecognized cases of trichinosis infection is definitely set at rest by the facts that boiling and roasting did not destroy the poison, and that the fresh sausages were never the cause of the trouble, which always resulted from the use of such as had been smoked more or less perfectly, and had been kept for some time; and in every instance they were of

large size, softened in the interior, and did not give off the odor of putrefaction. In those poisoned by "wurstgift," the prominent symptoms are referable to the nervous and respiratory functions, and make their appearance the first or second day after intoxication. Vision is also usually affected; sometimes with dilatation, sometimes contraction of the pupils.

In seeking for the cause of sausage poisoning, Schlossberger carefully considers the fermentation theory, supported by Liebig, Vanden Corput, and others, and rejects it along with others ascribing it to accidental admixture of poisonous seeds, the formation of hydrocyanic acids, and the production of supposed poisonous fatty derivatives. In place of these he substitutes, from purely theoretical reasons, the hypothesis that the poisonous principle is an alkaloid-like body, produced during putrefaction—a hypothesis which to-day is vastly more acceptable than it was when he wrote in 1852.

**SUGAR FROM OLD RAGS.**—Some years ago Mr. Pepper created some sensation by undertaking to make sugar from old shirts. Sugar is now manufactured in Germany from old rags. The rags are treated with sulphuric acid, and converted into dextrine. This is treated with a milk of lime, and is then subjected to a new bath of sulphuric acid, which converts it into glucose. The glucose obtained by this process is identical with that of commerce, and may be used in the same way for confections, ices, etc. When the manufacture has become more abundant, the price will doubtless be very small. It is known that a large number of substances are capable of transformation into glucose. The cellulose of fibrous tissue of wood, treated with sulphuric acid, is changed into dextrine and glucose, and glucose is industrially produced from starch. *Popular Science News.*

FEW candidates pay the attention to hygiene which it deserves; it is always made a subject of this examination, and will be considered a vital one in the examination for promotion after the expiration of five years' service.—Official circular in relation to the Medical Corps of the U. S. Army.

THE Czar of Russia, it is said, has ordered a hospital opened in St. Petersburg for diphtheria patients, where the homeopathic treatment only will be used.—*Medical and Surgical Reporter.*

## AN ELEMENT OF SUCCESS IN PRACTICE.—

As is well-known, some men of but medium professional acquirements meet with remarkable success in practice, while others, admittedly their peers, go through life struggling, with but a small and insignificant patronage.

Some few days ago a man of unusual talents and acquirements, who was cheerfully recognized by the profession as one of its leading minds, but whose practice amounted to next to nothing, met on the street one of his old classmates, who enjoyed a very lucrative practice, drove a very fine equipage, and was generally regarded as an unusually successful physician, though his professional brethren knew very well that his spare time was not devoted to study, and that his professional acquirements were not of the most substantial or profound order. The following colloquy ensued:

"See here: we were students together; you did n't work as hard as I did; how is it that you have such a large practice, while I can't get any patients at all?"

The significant reply was: "Go to a barber's and have your hair cut; go home and take a bath, and put on some clean clothes; keep your shoes polished and your face and hands clean; tone down your manners and drive a stylish horse and carriage, and you will get practice."

Here was the *polished* man and the "rough diamond," the one made the money, while the other commanded the greatest respect and admiration from those whose opinion was worth having.

This anecdote illustrates the true position of physicians toward success. Though it is a pity that it should be so, nevertheless it is a fact beyond the possibility of denial, that *he who possesses the greatest policy, he who can the best advertise himself, and not he who is the most competent, is the one who enjoys the largest measure of success.*

Shut our eyes to it as we may, yet in our innermost selves we must admit that in medicine, as in any business, he who advertises the *most* and the *best* is the one who succeeds the best.

To a certain extent this is as it should be. It is eminently proper and commendable for a physician to keep himself clean, and by this and other devices to make himself agreeable to his patients; it would be censurable for him to do otherwise; and so long as he does not detract from his brethren and does not in any way endeavor to represent himself as that which he is not, it is right and proper.

But we desire to call attention in an especial manner to a point that will have much to do in securing clients for those who properly practice it. The mind of the latter part of the nineteenth century is an exceedingly inquiring function, and it is anxious to know the why and wherefore of every thing. Simple statements of so and so will not satisfy, and when men and women visit a doctor's office, they want to go away with a clear idea of what is the matter with them, and what you propose to do to remedy it. If you do not satisfy this inquisitiveness, they will go to some one who will, and you will lose your patient. The man who can most clearly impart this information, is the man who has in him a great element of success.

We can not better illustrate this idea than by quoting from the address of Dr. T. Clifford Allbutt, delivered at the opening of the Leeds School of Medicine, and published in full in the British Medical Journal, October 6, 1883. He says: "A shake of the head and a dark allusion to the liver will not now satisfy an intelligent patient, nor ought it to do so. Fact and due season must guide our language; yet people nowadays 'want to know, you know,' and they are right. Such persons, wholly free from morbid curiosity, feel nevertheless that they ought to carry away with them a definite notion of their ailment—where it is, and how you will try to avert it. If you have no story for them, some one else has; and you must be brave enough to point out, if necessary, where your knowledge ends. Avoid infallibility. As some hot-tempered person cries, 'If you know nothing, why the deuce can't you say it?' There is no better test of a man's knowledge than his neat delineation of the shore-line of his ignorance. As a rule, a patient calls on you for information as well as skill; and while you are incapable of brutal frankness, your sympathy will be wise enough to teach you to give your opinions candidly and clearly."—*The Medical and Surgical Reporter.*

REX MAGNUS.—As we suspected, the much lauded preservative turns out to be a compound of borax. The unpleasant reports of poisoning caused by boric acid tend to show that it is not quite so innocuous as some are trying to make people believe. A chemical may not be so harmful as arsenic or corrosive sublimate without being harmless enough to make a welcome addition to human food. We are informed that "Rex

magnus" is placed on the market by the Humiston Food Pres. Co., of Hartford, Conn., probably under patent No. 270,899, and is composed of borax, sulphite of calcium, salt, and glucose. The proportions are fully given in the patent, but it can not be used without infringement.—*Drug. Cir.*

**INSANE WITNESSES.**—The United States Supreme Court has recently decided that "A lunatic or person affected with insanity is admissible as a witness, if he has sufficient understanding to apprehend the obligation of an oath, and to be capable of giving a correct account of the matters which he has seen or heard with reference to the questions at issue; and whether he has that understanding is a question to be determined by the court upon examination of the party himself, and any competent witnesses who can speak to the nature and extent of his insanity."

**OIL OF MALE FERN IN TAPEWORM.**—According to E. Dieterich, says the London Medical Record, the frequent failure of oleoresin of male fern is its irrational administration. The "worm doctors" who use almost exclusively the oleoresin of male fern, and hardly ever meet with a failure, use it in conjunction with castor-oil, instead of following it by the oil after one or two hours. The object is to bring the extract undigested in contact with the worm. The experiments which have been made by mixing one part of the oleoresin with two parts of castor-oil have been very successful, and this mode of administration deserves the preference. Oleoresin of male fern is apt to derange the stomach, and, when enveloped partly in the oil, is likely to pass it more rapidly, which constitutes another advantage. The mixture has an unpleasant taste, which may be disguised by filling it in capsules of about forty-five grains each. The dose may be regulated from six to seven or eight or more. It is advisable to empty the bowels the preceding day by castor-oil.

**DOCTORS' SHORT-COMINGS.**—Dr. Allbutt says: Our worst fault is that we are a somewhat touchy and jealous class, especially when compared with our cousins of the Bar. Medical men are too often jealous of each other and tenacious of their own claims. We too readily *assume property in patients*. We forget the right of the sick man to consult whom he pleases; and when he does so, we lack imagination enough to put our-

selves in his place and make the necessary allowance. The same lack of imagination often prevents us from putting ourselves in the place of a brother practitioner who may have been called to one of our cases, and we give place to distrust and dislike. It is better to deal faithfully with so faithful a brother, and to say what we can in mitigation of his charges, and in support of his suggestions for diminishing the little friction that jars with the general harmony and good will of the profession. It is difficult to draw any close comparison between men so differently situated as the members of the Bar and the members of our profession in general practice. The situation is different, and the power to hurt a brother, as the temptation to do so, is different. The work of barristers is chiefly conducted with open mouth in open court. That of medical men is private, almost secret. And in the privacy of a bed-chamber it is often more easy to *kill a reputation* than to *save a patient*. It may not be in any direct way or by any direct word, but by faint praise, or by a shrug of the shoulders or a shake of the head. Unlike the Bar, we do not play with our cards above the table. In our more intimate work, it is terribly easy for one doctor, *by little intangible tricks*, to elbow out or depreciate another.

**RISKS INCURRED BY MEDICAL MEN.**—Our readers will recall that in August last we noticed a case in which Messrs. Bower and Keats, of Peckham-rye, were subjected to trial for damages under circumstances of a very peculiar nature. (The Lancet.) The child of the prosecutor suffered from diphtheria, and on Friday, August 31st, came under the care of Mr. Keats, who, from the nature of the symptoms, was inclined at first to look upon the case as one of croup. On Saturday, September 1st, the symptoms grew much worse; and as asphyxia was imminent, Dr. Bower was called in, and promptly performed tracheotomy, to the instant relief of the sufferer for the time. A few minutes after the operation an obstruction occurred in the windpipe below the wound, whereupon the father of the child put his lips to the wound and sucked out the obstructing substance, immediately spitting the same from his mouth. The child lived until the following Monday, when it sank from general exhaustion. On the next Thursday the father showed symptoms of diphtheria and passed through an attack of the disease, but recovered without any sec-

ondary complications. In course of time the father entered a civil action against Messrs. Bower and Keats for damages to himself, but failed to get a verdict, the jury being unable to agree, and being thereupon discharged. This failure has led the prosecutor to renew the civil action, and to urge the Treasury to institute a trial for manslaughter.

**WAR AND SANITATION.**—M. Bechamp, when recently enunciating his doctrine concerning micrococci and their evolution, terminated his discourse by saying that if the thousandth part of the sum expended for warlike purposes were devoted to rendering towns and cities healthy, legions of lives would be saved, and riches and strength thus multiplied beyond calculation.—*British Medical Journal*.

**THE RELATION OF COPPER-WORKS AND CHOLERA.**—Dr. Richard Neale thinks that the widely divergent views as to its value by the one class of writers and its absurdity by the other, may be reconciled if we accept the truth of Mr. Tusoris's assertion, that sulphur-fires will banish cholera from any districts where it is raging. As around copper-workers there is always a large evolution of sulphurous fumes, it is to these gases that the immunity is due, and not to the metal itself, or to the use of any of its salts.

**A NEW CONTRIVANCE FOR RAISING PATIENTS.**—At the recent meeting of German naturalists and doctors, which was held at Freiburg-in-Bresgau from the 18th to the 22d of September, some interesting experiments were made in the surgical section with an apparatus which will, it is thought, be found very valuable in hospitals and in private houses where there are any sick persons. This is an apparatus placed by the bedside, and so contrived that by using it the most delicate person can raise a patient, no matter how heavy, from a recumbent position, change his linen, make his bed, and do all that may be required without giving him the least pain. The inventor has put into execution the well-known principle for raising quarry stones by means of large claws which close through the weight of the object which they hold. In the apparatus referred to, the extremities of the claws are well wadded props which are inserted upon each side of the patient as he lies in bed. The patient finds himself stretched as in a hammock, and the weight

of his body is uniformly distributed by means of a system of rollers adapted to the support of the apparatus. By a further contrivance the patient can be lifted into a bath placed beside the bed without any one touching him. It is said that all the doctors who witnessed the experiments made upon a sick person at Freiburg agreed that this apparatus was superior to any thing hitherto invented for a similar purpose.

**WOMEN AS DRUGGISTS.**—Six ladies have distinguished themselves, says the London News, as students in the South London College of Chemistry, where they have been studying with a view to pass the examinations of the Pharmaceutical Society. They mean to begin life as druggists, and we believe they are the first women who have been trained in a public school for the business of pharmacy. They will assuredly deserve credit for their enterprise, for if they succeed they will have done good service in widening the area of possible employment for women. It has often been matter for surprise that ladies did not select pharmacy as a fair field for the exercise of their talents in winning an honorable livelihood. The trade is a profitable one; in fact, the old saying in the country used to be that the druggist's shop was the only one in the village where every shilling taken in the till earned 11d. for the master. The work of preparing and compounding medicines is also neat and delicate—indeed, the Americans have almost elevated pharmacy to the dignity of a fine art in these later days. It is light, and can not by any pretense be termed "unwomanly"—so that there ought to be no social prejudice against it. The only possible objection to women as pharmacists would rest on their implied inability to acquire the scientific knowledge necessary for safe practice. But that objection the six lady students who have stood so well in their classes at the South London School of Chemistry have personally disproved; besides, it is not necessary to license any woman as a druggist unless she has the requisite scientific qualifications. In these days, when people suffer as much anxiety about the employment of their girls as of their boys, the discoverer of a new occupation for women is a public benefactor.

Does the Materia Medica afford an entirely unobjectionable laxative remedy? This question is asked by Dr. F. C. Herr, in the Medical and Surgical Reporter. "No."



## The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - - } Editors.  
H. A. COTTELL, M.D., - - - - - }

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### J. MARION SIMS.

"Were a star quenched on high,  
For ages would its light,  
Still traveling downward from the sky,  
Shine on our mortal sight.

"So when a great man dies,  
For years beyond our ken,  
The light he leaves behind him lies  
Upon the paths of men."

A dispatch from New York, on the 13th inst., announced the death of this distinguished man.

Dr. Sims seemed, up to the day of his demise, to be in the enjoyment of excellent health. He was active in his attention to a large practice, and full of plans for future work and happiness, among which was a visit to Europe, and a permanent residence in Washington City on his expected return.

He visited a patient at 9 o'clock on Monday evening, and, returning, passed a restless night, dying suddenly, in the midst of his family, on Tuesday A.M., at 3 o'clock.

The cause of his death is supposed to have been heart failure; but the nature of the malady awaits the revelation of a post-mortem examination, in progress at this writing.

Dr. Sims was born in Lancaster District, S. C., on January 25, 1813. He graduated

at the South Carolina College in 1832, after which he studied medicine in Charleston, S. C., and at Jefferson Medical College, Philadelphia. In 1836 he settled in Montgomery, Ala. Here he soon rose to distinction as a surgeon, and laid the foundations of his studies and investigations in gynecology, a department of medicine in which he was destined to win a world wide reputation and an enduring fame. In 1853 he took up his residence in New York, and since that time he has been looked upon by the medical guild of the whole world as a leading spirit in medicine and a great master in his specialty.

Dr. Sims was gentle in his demeanor, unostentatious in his life, and child-like in his affections. He contributed largely to the establishment of several charitable institutions, and spent much of his time and money in pushing forward certain cherished philanthropic schemes.

He was the author of several able works, and a large contributor to current medical literature; but it was chiefly to his remarkable inventive powers, exercised in devising surgical appliances and instruments, proposing new operations, and simplifying and rendering practicable old and imperfect ones, that he owed his great distinction, and upon these will rest his well-earned fame.

### PICRIC-ACID TEST FOR ALBUMEN.

Something more than eight months have passed since Dr. George Johnson, in a paper read before the Clinical Society of London, directed the attention of the profession to picric acid as a test for albumen. The acid had been previously used for this purpose; but for some unknown reason the test had been abandoned by its discoverer. The claims made by Dr. Johnson on its re-introduction were, that picric acid was by far the most delicate of all the tests so far proposed, showing traces of albumen not discoverable by heat, nitric acid or potassium-ferro-cyanide. Its value, therefore, in de-

tecting the presence of albumen in certain cases of Bright's disease, granular kidney for instance, seemed evident. Urinalysts read the article with no little interest, hoping that they were at last provided with a valuable means for clearing up the diagnosis of this obscure affection, and the reagent grew rapidly in popular favor. But it was not long before they began to suspect that the test was proving too much, many specimens of urine showing the characteristic ring under its action when used incidentally where there was nothing in the symptoms of the patient to suggest renal derangement, and no signs of renal derivatives discernible by the microscope. It was soon evident to experimenters, that picric acid was competent to form precipitates with some urinary constituent other than albumen, and that either the test was untrustworthy or the method described by Dr. Johnson defective.

Some six or eight weeks after the reading of his paper the author wrote a letter to the *British Medical Journal*, in which he detailed more specifically his method of applying the test. In this he stated that a quantity of the picric-acid solution equal to the amount of urine tested, should always be added, because under the use of a smaller amount the albuminous precipitate would be quickly redissolved. He here admitted also that peptones would be readily thrown down by the acid, and that, under some circumstances, uric acid would give with it a band of coagulum closely resembling that of albumen. To differentiate these substances from one another and from albumen, he stated that the application of heat would redissolve the uric acid, while it increased the albuminous precipitate, and suggested certain marked differences in the microscopic appearances of the peptone and albuminous precipitates. This rendered the test less simple, though still easily manageable, but nevertheless it was evident to all who habitually used the reagent that it was open to still other sources of error.

In confirmation of this opinion, the *Philadelphia Medical News* of October 27th gives a series of experiments by Drs. Cooke and Watkins, resident physicians at Bay View Asylum, Baltimore, Maryland, which prove conclusively that quinine in quantities so small as  $\frac{1}{120}$  to  $\frac{1}{180}$  of a grain to the ounce will respond readily to picric acid. The former giving a decided precipitate, and the latter a perceptible cloud, in appearance identical with albumen under the action of the test. It was further observed that in the urine of twenty-five patients, who had each taken six grains of quinine, a precipitate was formed under picric acid in the course of nine or ten hours, the urine of the same patients showing no trace of albumen by heat or nitric acid either before or after they had been made to take the quinine. Subsequent differential tests proved conclusively that the quinine was the agent which had responded to the picric acid.

In view of the above observations with the prospective probability that further investigations will demonstrate a similar action of the test in the presence of minute quantities of many other drugs, it is safe to say that the career of picric acid as a popular test for albumen is ended.

In the hands of a skillful experimenter, who can exclude drugs from the urine and avail himself of all the checks necessary to prove that a precipitate formed by the acid is indeed albumen, it may have limited use as a confirmatory test. But no one will deny that a reagent which is competent to precipitate uric acid, potassium, cinchona alkaloids, peptones, and albumins, under the same circumstances, giving in each a precipitate identical in appearance with the others, is too many sided to be trusted as a test for albumen in so variable and complex a fluid as the urine.

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THE GEORGIA MELON-CROP.—The number of melons raised in the State of Georgia this year was not very far from six millions five hundred thousand.

## Correspondence.

## PSYCHOLOGY.

*Editors Louisville Medical News:*

Your readers may possibly be aware that a society, entitled the "Society for Psychical Research," has lately been established, under the presidency of Professor Henry Sidgwick, of Cambridge, England, for the purpose of inquiring into a mass of obscure phenomena which lie at present on the outskirts of organized knowledge.

It is an object of this society to get hold of as much first hand evidence as possible bearing on such real or supposed phenomena as thought-reading, clairvoyance, presentiments, and dreams, noted at the time of occurrence and afterward confirmed; unexplained disturbances in places supposed to be haunted; apparitions at the moment of death, or otherwise; and of other abnormal events, hard to classify at present, but which may seem to fall under somewhat the same categories as these.

We have been desired, as secretaries of the Literary Committee of the above mentioned society, to invite information of this kind from any trustworthy source.

Should any of your readers, now or at any other time, be able and inclined to send us an account, or put us on the track, of any phenomena of the kind which may have come under the cognizance of themselves or their friends, they would greatly oblige us, and would also (as we think we may fairly say) be rendering a real aid to the progress of knowledge in a direction where such aid is much needed. Nothing will, in any case, be printed or published (either with or without names) except with the full consent of the persons concerned.

EDMUND GURNEY,

26 Montpelier Square, S. W., London, Eng.

FREDERIC W. H. MYERS,

Leckhampton, Cambridge, Eng.

**CRAMP.**—A writer in the British Medical Journal says: The best remedy for cramp, the simplest and the most efficacious that I know of, is a band of cork. It is easily made by cutting a small new wine-cork into thin slices, which must be sewn close together upon ribbon or tape an inch wide. It can be tied round any part affected, and worn during the night.

## Selections.

## ENDERMIC USE OF THE OLEATE QUININE.

In the July Journal we recorded some notes on the endermic use of the oleate of quinine, which left some doubts as to its absorption. In a discussion before the Medico-Chirurgical Society of St. Louis (Courier of Medicine), Doctor Hardaway quotes our remarks as negative testimony against the oleate, and so indeed it seemed. The testimony we offered, and from which he quoted, was put before the profession in the beginning of the malarial season, in order that a large number of experiments might be attempted, and so accumulate data for the future.

We have had some recent experience, which, although confined to one case, tests the matter very thoroughly. A patient, having a great antipathy to quinine, was seized with a fever of a malarial type and of great irregularity as to its course.

It was determined to attack it by the use of the oleate of quinine epidermically, both for the reason of the antipathy the patient had for the remedy by the mouth and because the exacerbation was irregular, and a continuous impression of the remedy was necessary. The oleate was prepared of the strength, at first, of one dram of quinine (alkaloid) to two ounces of the acid, which was increased in strength to double the quantity of the alkaloid.

The inunctions were done at intervals of eight hours, consuming the two-ounce mixture during that time. The patient recognized cinchonism distinctly, but as the temperature occasionally reached 102.5° in the afternoon, the stronger oleate was applied. From this time daily tests were made of the urine, and despite the abundant coloring matter contained in it, quinine was distinctly visible by its green reaction with chlorine. Tests of the urine were continued several days after the cessation of the inunction, and quinine was detected. The inunctions in this case were done over a large area of surface, but particularly in the groin and the inner side of the thighs and abdomen, and covered with water-proof paper to prevent being absorbed by the sheet. The infriktion was continued for a sufficient length of time to excite the skin to absorption, leaving very little unabsorbed oleate on the surface.

This case was that of an adult, of delicate blonde skin, but there is no doubt it would

succeed with the same care upon most persons. For two weeks this patient did not take a particle of quinine by the mouth, and not until convalescence was evidently near at hand was any preparation of cinchona administered.

The cost of quinia alkaloid is so much greater than that of the sulphate just now, its use being somewhat new in the practice, that it is a heavy tax on some of our patients. It will eventually become cheaper, and while it can never supersede the internal administration of quinine, it will be very largely useful in many cases.

We have said nothing of the hypodermic use of the oleate, but we believe it will prove to be the very thing the profession has so long desired.—*N. C. Med. Journal.*

**THE USE OF THE BROMIDE SALTS FOR ABDOMINAL NEUROSES.**—Dr. John Kent Spender, M. D., Bath, writes to the *British Medical Journal*: There is so strong a bond of therapeutic association between the bromides and the neurotic troubles of head and chest, that we are apt to forget how useful the same drugs may be for sundry disturbances of the digestive organs; and yet all the physiological analogies of the subject would lend support to this doctrine. No one claims for the potassic and sodic bromides that they can clear away heterologous exudation, and mend damaged textures. But those of us who are still old-fashioned enough to believe in "functional derangements," or dynamic force temporarily perverted, can easily understand that there are certain aberrations of the cerebro-spinal system, which, being of the same kind wherever they are situated, may be expected to yield to the same medicines.

For an elderly widow lady, tormented rather often with "emotional diarrhea," I prescribed a few years ago some ordinary astringent remedies, with minute doses of opium, to be taken according to her needs. But, for another malady, sleeplessness, I gave occasionally moderate quantities of bromide of potassium. She discovered, however, that the latter remedy did her diarrhea more good than any thing else, and that, whenever it was taken at bedtime, the next day passed without any alvine looseness.

Fourteen years ago, Dr. J. Waring Curran recommended potassic bromide for the vomiting of pregnancy; but its real value could not be determined, as other things were combined with it. (*Medical Press and Circular*, July 14th, 1869.) But I have given

the medicine in its pure form, and simply dissolved in water, and never without marked, though perhaps only temporary success.

The distant echoes of cholera justify us in recalling some important observations by the late Dr. James Begbie, who spoke of bromide of potassium as able to strip that dread disease of some of its terrors. (*Edinburgh Medical Journal*, December, 1866.) He gave it in the earlier stage of collapse, and in quantities of twenty or thirty grains, at hourly, or even half hourly, intervals; and he records the cessation of vomiting, the arrest of cramp, and the speedy return of warmth and color to the previously cold and livid surface. He tells us that the medicine was tried fairly, both in the Leith and Edinburgh Cholera Hospitals, and that its use in both institutions did not disappoint expectations. It is good to feel better fortified against the most painful and mortal of all abdominal neuroses.

Lastly, I may glance at the use of the bromides in the treatment of saccharine diabetes. Here again Dr. Begbie started a line of therapeutic inquiry which has been successfully worked by other practitioners; and at this moment I have under my care a lady, between fifty and sixty years of age, whose special diabetic symptoms are clearly kept much in abeyance by a large dose of bromide of ammonium every night. Would this illustrate what has been called the "alterative and absorbent effects" of the bromides on the liver?

**RESECTION OF THE PYLORUS.**—According to Mikulicz, thirty-two cases of resection of the pylorus have been published, of which twenty-four ended fatally, and eight recovered. (*Medical Times and Gazette.*) Of the eight successful cases, two were operated upon for ulcer of the stomach, and six for cancer. Of the twenty-four unsuccessful cases, twenty-three were for cancer, and one for ulcer. In twenty-one of the twenty-four fatal cases the cause of death is given; fifteen died of collapse, one of inanition, and five of peritonitis—the peritonitis in two cases being due to perforation at the seat of union, and in two cases to gangrene of the transverse colon. These four fatal cases of peritonitis, and the case of inanition, were due to causes which at the present time might be avoided. The large number of cases which died of collapse, Mikulicz considers with Billroth to be due to the general marasmic condition of the patients, and to the severity of the opera-



tion in those cases where the tumor was large and had formed adhesions to neighboring parts. Only cases where the patient is well nourished, and the tumor of moderate size and movable, are, he considers, suitable for operation. The future of resection of the pylorus depends, he holds, on improvement in the diagnosis of cancer of the stomach at an early stage, and he looks to the general use of the "gastroscope" as likely to afford valuable aid in that direction. In a large number of cases of cancer of the stomach examined by him, he has found certain appearances and symptoms which may be of use in diagnosis. In a healthy man, the pylorus, examined "gastroscoically," appears as a longitudinal, oval, or triangular slit, or as a circular opening surrounded by close, bright red, mucous projections and folds. Owing to the irritation caused by the instrument and to the inflation, the opening is continually changing its shape and the folds moving with each contraction of the muscular wall. The fundus of the stomach, on the contrary, remains stationary. In cases of cancer of the stomach he has noticed that the coarse folds are either entirely wanting, the walls being quite smooth, or are only slightly marked; and secondly, that the movements are altogether wanting. Also in certain cases he has noticed considerable pallor of the pylorus; in others quite a dark cyanotic appearance. In one case the submucous veins were dilated, and of a deep blue color. No ulceration of the cancerous mass has he ever seen. The explanation of these changes he considers to be, that the walls of the stomach being infiltrated by cancer, the movable organ is changed into a comparatively rigid tube, in which the formation of folds and the changes in shape can not occur.

**PERCUSSION OF THE SKULL AS A MEANS OF DIAGNOSIS IN EPILEPSY.**—In an article in the *Lancet*, September 22d, Dr. A. Robertson states that in a case under his care, percussion of the skull revealed a painful area over the motor region of one side of the brain. The patient, long the subject of convulsive seizures, mainly unilateral, has greatly improved since the application of a series of blisters over this region.

**PATHOLOGY AND TREATMENT OF SOME FORMS OF HEADACHE.**—At a meeting of the medical society of Islington, last week, a very interesting communication was read by

Dr. T. Lauder Brunton, F. R. S., on this subject, of which the main points were as follows. (*The Lancet*): Headache is usually the product of two factors—local irritation and general condition. The chief local causes are decayed teeth and abnormalities of the eye, although disease of the ear and nose, inflammation of the throat, and local irritation of the pericranium, or of the skull in rheumatism and syphilis, are not to be forgotten. Decayed teeth may give rise to temporal or occipital headache when the molars are affected, and also, I think, the frontal when the incisors are decayed. The chief abnormal conditions of the eye are strain from reading, or working with imperfect light, or for too long a time, myopia, hypermetropia, astigmatism, and inequality of vision between the two eyes. Besides these, I think that alterations in the circulation and intraocular pressure are frequently produced by bile or poisonous substances circulating in the blood, and that probably also a rheumatic condition affecting either the eye itself or the muscles which move it is a not uncommon source of headache. Where both eyes are equally affected the headache is usually frontal, but when one eye is more affected than the other the headache appears either in the form of brow ache or megrim. In treating any case of headache, therefore, the first thing to do is to see whether the teeth are sound and the eyes normal. If any thing is found wrong with either the teeth or the eyes, the defect should be at once corrected. The throat, ears, and nose should also be examined, to see if any source of irritation is present there, and the surface of the scalp tested by pressure for rheumatic or syphilitic inflammation. The locality of headache is probably determined chiefly by the local source of irritation, but this differs according to the general condition. Thus frontal headache with constipation is usually relieved by purgatives; frontal headache just above the eyebrows without constipation is relieved by acid; and a similar headache situated higher up at the commencement of the hairy scalp is relieved by alkalies. Vertical headache is usually associated with anemia, and is relieved by iron. The more or less continuous headache of syphilis is usually best relieved by iodide of potassium, but in order to gain relief the dose must sometimes be much larger than that usually given, and may range from five grains up to thirty grains for a dose. Similar quantities of iodide of potassium are usually sufficient to cure the rheumatic headache.

**SALICYLATE OF BISMUTH.**—M. Jaillet, on examining commercial samples of the salt, found them to be variable in characters and composition. Most of them, also, probably owing to defective manipulation, yield to solvents uncombined salicylic acid. He thinks there are two salts deserving further investigation, namely, the acid salicylate, and the basic salicylate of bismuth. The acid salt is prepared by precipitating well crystallized nitrate of bismuth in five hundred times its weight of water, made faintly alkaline with caustic soda, and containing salicylate of soda equal to double the weight of the nitrate employed. To use specific weights, the formula would be as follows:

Nitrate of bismuth, crystals, . . . 1 ounce;  
 Water, . . . . . 4 gallons;  
 Caustic soda, about, . . . . . 2 drams;  
 Salicylate of soda, . . . . . 2 ounces.

After settling, the supernatant liquid is decanted, and the precipitate is washed three times with pure water, to remove all traces of the excess of salicylate of soda purposely added, and finally dried rapidly at 104° F. Acid salicylate of bismuth occurs in white granular crystals, which are unaffected by light, and sparingly soluble in water. If the washing be continued until the decanted water no longer produces a violet color with ferric chloride, a yellowish, dense, amorphous basic compound is obtained, which is thought to be a mixture of two basic salicylates of bismuth. Hence, it would appear that salicylate of bismuth, in the presence of water, behaves not like the citrate, but like the nitrate of the same metal.

**THE TREATMENT OF INSOMNIA.**—Doctor Thomas Legaré, of Charleston, S. C., says:

*First*, Retire early. Two hours' sleep before midnight are of more benefit to the body than double the numbers of hours in the day.

*Second*, Eat little, and always some hours before going to bed. Cold food only should be taken for supper.

*Third*, The cares and burdens of the mind must be put aside: none should be carried to bed with us. Never read or study in bed.

*Fourth*, The bed-chamber should contain pure, sound air, and be roomy and high, if possible, and the windows should be always kept open, except in the night-time.

*Fifth*, When in bed, endeavor to lie horizontally, with the head slightly raised. If there is any forced or constrained posture, making the body form an angle, circulation

in the stomach is checked, and a free and uninterrupted circulation of the blood is defeated.

*Sixth*, It is improper to have a light burning in the bed-chamber during the night. Our senses should not be acted upon by external impressions.

*Lastly*, Endeavor to sleep not less than six or more than eight hours in the twenty-four; and we would indorse the well-known motto:

"Early to bed, and early to rise,  
 Will make a man healthy, wealthy, and wise."

**NORMAL GROWTH-RATE IN INFANCY AND CHILDHOOD.**—Dr. W. Squire read a paper on this subject before the Harveian Society. (Brit. Med. Jour.) In the care of health, he said, height and weight had always to be considered. In the young, nutrition was arrested when weight was lost, and restored when it was regained. But the mischief done might never be repaired, and in spite of the prejudice against infants being weighed, it was, he thought, a necessity. With them disturbed health was shown by the mere alteration of the normal growth-rate. During the first three months mere gain in weight was not evidence that the child was thriving, unless the gain were in the right ratio. All children, in the first few days after birth, lost five or six ounces in weight, and regained this in the eighth week, and at the same time grew an inch in height. A pound weight was gained by the end of the first month, and two pounds in the second, then the rate of increased weight was less, but two inches height was added. During early dentition both height and weight increased at a lower ratio. A child should double its birth-weight in the first four or five months, and treble it at a year old. In the first year it should grow three inches in the first three months, two inches in the next three months, and two or three in the last six months. The weights in the diagram for each month of the first year had been verified by numerous observers; the heights were approximations only to the normal growth-rate; they had been traced from some observations of the author, supported by one instance of continuous measurement for the whole year by Dr. Haehner of his own child, published in the American Journal of Obstetrics for 1880. Dr. Squire showed another diagram which gave the average height and weight every year up to the age of twelve. A child should measure three feet at three years

old, four feet at eight years, and five feet at twelve, and should weigh at three years thirty-two pounds, five years forty pounds, eight years fifty pounds, and twelve years seventy-two to eighty pounds. Throughout a child was found to grow by fits and starts, perhaps two inches in one three months, and not an inch in the next half year; rapid growth was an indication for care and rest, and loss of weight was as true a symptom of disease as one obtained by the use of the clinical thermometer. Unless girls showed increased growth-rate at eleven and twelve years, healthy development a year or two later would be hindered, and medical treatment might then come too late. In the discussion which followed, the President, Mr. R. W. Parker, and others, took part, after which Dr. Squire replied, and the meeting adjourned.

**LARYNGEAL CHOREA.**—What may take place over the whole body may occur in any portion of the anatomy. (*Lancet*.) That seemed to be the principle on which M. Blachez worked when he spoke at the Académie de Médecine last week on what he chose to term chorea of the larynx. The affection had been observed in two boys, aged ten and six years, the children of parents with rheumatic history. The laryngeal disturbance manifested itself as a nervous cough, very like the hoarse barking sometimes met with in hysteria, of which condition, however, there were no other signs in the boys in question. We are familiar with the deep barking cough so frequently accompanying the accession of the state of puberty, in the male sex more especially, but the above instances seem hardly to come within that category. The term chorea seems so wedded to the idea of a more or less general affection of the muscular system, that it seems hardly justifiable to speak of a laryngeal chorea.

**MALARIAL LARYNGITIS.**—In *Rev. Med. Franc. et Etrang.*, Dr. E. Briand concludes that: (1) there exists a form of laryngitis due to malaria, characterized by congestion of the larynx, giving rise, from a symptomatic point of view, to the functional signs of true croup. (2) This variety of laryngitis differs from laryngismus stridulus by the symptoms, course, and prognosis, and generally yields to treatment by sulphate of quinine. (3) It is not rare in infants, and may be recognized by the fact that it is preceded or followed by malarial manifestations.

**ETHER IN TYPHOID FEVER.**—A French physician considers hypodermic injections of ether very valuable in the adynamic forms of the disease. He reports five cases so treated. Two injections, of twenty drops each time, were made daily, and under its influence the patient was aroused and delirium ceased. In pneumonia these injections are of the greatest utility, as they are in every malady assuming a typhoid form.

It is not generally known, according to the Maryland Medical Journal, that Mr. Ernest Hart is Editor of the London Medical Record as well as of the British Medical Journal.

#### ARMY MEDICAL INTELLIGENCE.

WAR DEPT: SURGEON GENERAL'S OFFICE, }  
Washington, D. C., October 24, 1883. }

With profound sorrow, the death of Brigadier General Charles Henry Crane, Surgeon-General, U. S. A., which occurred at his residence in Washington, D. C., October 10, 1883, is announced to the Officers of the Medical Department of the Army.

General Crane, son of the late Colonel I. B. Crane, 1st U. S. Artillery, was born at Newport, R. I., July 19, 1825, and received his early education at Maple Grove Academy, Middletown, Conn. He entered Yale College in 1840, graduating in 1844, with the degree of Bachelor of Arts. The degree of Master of Arts was conferred upon him by the same institution in 1847.

He graduated in medicine at the Medical Department of Harvard University in August, 1847.

Having been approved by an Army Medical Examining Board, December 11, 1847, as a candidate for the position of Assistant Surgeon, U. S. Army, he was immediately placed under contract as an Acting Assistant Surgeon, and accompanied a detachment of troops to Mexico, arriving at "Camp Washington," near Vera Cruz, February 20, 1848. He was commissioned Assistant Surgeon, U. S. Army, February 14, 1848. From February 20 to July, 1848, he served with the "Army of Invasion," in Mexico.

On returning from Mexico, early in August, 1848, he reported for duty at Fort Columbus, New York Harbor, and was assigned to duty with the 2d U. S. Artillery. October 8, 1848, he accompanied two companies of the 2d U. S. Artillery to Fort Monroe, Va. He was then ordered to Florida with troops, arriving at Fort Pickens, Pensacola, Fla., November 16, 1848. From this date until August 10, 1851, he served at Key West Barracks, St. Joseph's Island, Forts Pickens, Brooke, Fraser, Casey, and Myers, and with expeditionary forces in the field. On being relieved from duty in Florida, and at the termination of a leave of absence, he reported for duty December 18, 1851, and on January 13, 1852, sailed from New York in the steamer "Falcon" with recruits for California. He arrived at Benicia, Cal., February 28, 1852, and was assigned to temporary duty at Benicia Barracks. From June 16, until September 1,

1852, he was engaged in field service against hostile Indians near Merced River, Cal. From September 23, until November 10, 1852, he was again in the field with an expedition in the Sacramento Valley, Cal. November 10, 1852, he arrived at Fort Jones, Cal., where he remained on duty until July 15, 1853.

From October 31, 1853, until March, 1856, he was on duty at Fort Lane, Oregon. During these years he was actively engaged in post duty and with military expeditions against Indians, prominent among which was that against the Rogue River Indians in 1856, where he rendered distinguished service.

On August 7, 1856, he was ordered to Fort Yamhill, Oregon, where he served until relieved from duty on the Pacific Coast in December, 1856.

Reporting for duty in New York, he served for a short time with the Medical Purveyor, U. S. Army. From May 1, 1857, until September 20, 1859, he was one of the members of an Army Medical Examining Board convened to meet in New York City. Being relieved from this duty, he remained in New York, acting at times as Medical Purveyor.

September 20, 1859, General Crane accompanied Lieutenant-General Scott to San Juan Island, on his diplomatic visit, returning to New York December 12, 1859, and continuing on duty as Attending Surgeon at Head-Quarters of the Army, and on special duty, until February 28, 1862.

He was promoted Major and Surgeon, May 21, 1861.

On February 28, 1862, he was assigned to duty as Medical Director, Department of Key West, Fla. On June 30, 1862, he was transferred to Hilton Head, S. C., and assigned to duty as Medical Director, Department of the South. July 31, to August 1863, he is reported as awaiting orders at Washington, D. C., and on duty connected with Prisoners of War.

September, 1863, he was placed on duty in the Surgeon-General's Office, Washington, D. C. July 28, 1866, he was appointed Assistant Surgeon-General, U. S. Army, with the rank of Colonel, and upon the retirement of General Barnes, was appointed Surgeon-General, July 3, 1882.

March 13, 1865, General Crane received the brevets of Lieutenant Colonel, Colonel, and Brigadier-General, for faithful and meritorious services during the War of the Rebellion.

In the death of Surgeon-General Crane the Medical Department of the Army sustains a serious loss. Still in the vigor of life, and with a reasonable prospect of several years of active service in the position to which he had been but recently promoted, it has pleased an inscrutable wisdom to remove him from our midst.

His record, honorable and spotless, lives after him; a source of pride and of satisfaction to his friends, a model worthy of imitation by all.

The larger portion of his official life was engaged in administrative duty, for which he had always manifested a peculiar fitness.

Selected to assist in the arduous and important duties devolving upon this office during the latter years of the War of the Rebellion, his sound judgment, delicate sense of justice and right, deliberate action, and firm decision, soon won for him an enviable reputation, and materially assisted in raising the Medical Corps of the Army to the

high degree of discipline and efficiency which has characterized it in the past and present.

In the literary and scientific work of the office he manifested untiring interest; to his watchful care, encouragement, and aid is largely due the successful progress and completion of undertakings which have gained for the Medical Corps the admiring recognition of the world.

Thoroughly acquainted by early experience with the requirements of his department, assiduously attentive to the routine of business, even in its details, punctilious in regard to the rights of all, and earnest in his endeavors to promote harmony and a healthy *esprit du corps*, General Crane labored patiently, faithfully and effectively for the best interests of his charge.

In his private life he was conspicuous for his firm, devoted friendships; for his kindly interest in, and sympathy with, the joys and griefs of those about him; for his habitual attention to the courtesies which adorn life. Unselfish and generous to a fault, his many deeds of kindness and charity were done quietly and without ostentation.

He needs no higher tribute to his worth as a man than the widespread sorrow which his loss has occasioned, and the respect for his memory which will long be cherished by all who knew him.

General Crane, at the time of his death, was one of the Commissioners of the Soldiers' Home, a Visitor to the Government Hospital for the Insane and to the Columbia Hospital for Women.

After appropriate funeral services at his late residence in this city, on October 11, 1883, his remains were removed to Shelter Island, N. Y., for interment.

D. L. HUNTINGTON,  
Acting Surgeon-General, U. S. Army.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from November 3, 1883, to November 10, 1883.

*Bache, Dallas*, Major and Surgeon (Par. 1, S.O. 238, A.G.O., October 18, 1883), assigning him to duty at Willet's Point, New York, revoked. (Par. 2, S.O. 252, A.G.O., November 3, 1883.) *Sternberg, George M.*, Major and Surgeon, leave of absence granted October 4, 1883, extended one month. (Par. 4, S.O. 255, A.G.O., November 7, 1883.) *Vickery, R. S.*, Major and Surgeon, assigned to duty at Fort Townsend, W. T. (Par. 3, S.O. 149, Department of the Columbia, October 29, 1883.) *Wolverton, William D.*, Major and Surgeon, granted leave of absence for one month. (Par. 6, S.O. 201, Department of the East, October 24, 1883.) *Merrill, J. C.*, Captain and Assistant Surgeon, granted leave of absence for one month. (Par. 7, S.O. 201, Department of the East, October 24, 1883.) *Patzki, J. H.*, Captain and Assistant Surgeon, granted leave of absence for three months, on surgeon's certificate of disability. (Par. 6, S.O. 254, A.G.O., November 6, 1883.) *Owen, W. O.*, First Lieutenant and Assistant Surgeon, relieved from duty at Vancouver Barracks, W. T., and assigned to duty at Fort Stevens, Oregon. (Par. 2, S.O. 148, Department of the Columbia, October 26, 1883.) *Wilson, George F.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at Fort Townsend, W. T. (Par. 2, S.O. 149, Department of the Columbia, October 29, 1883.)